STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR INFORMATION
FOR

DENTISTRY JURISPRUDENCE TEST

RFI # 34310-24216
[DECEMBER 4, 2015]

1.   **STATEMENT OF PURPOSE:**

The State of Tennessee, Department of Health issues this Request for Information ("RFI") for the purpose of gathering information on a written secure program for a jurisprudence test where licensees and registrants can log into an account with a user name and password to take the jurisprudence test. Upon successful completion of the Jurisprudence test, this secure site would need to interface with the Tennessee Department of Health's Versa/LARS site to show that this requirement has been met for license renewal or initial licensure application. This program needs to have the capability of allowing the licensee to input and store their continuing education information and allow the Board access to this file for purposes of auditing their Continuing Education Credits (CE's).

2.   **BACKGROUND:**

Requirements for the Tennessee Dental Jurisprudence Test

Purpose:

Laws and regulations are constantly changing regarding Dentistry, permissible delegable duties and the supervision of staff. This assessment exercise (test) will improve the knowledge of the Tennessee Dental statutes and rules and develop a higher standard of integrity and professionalism. This will result in dentists, dental hygienists, and dental assistants better serving their patients.

Goal:

Reinforce the Tennessee Statutes and Rules in a positive and informative "No Fee, No Fail" format to better assist the Dentist, Dental Hygienist and Registered Dental Assistant in making more ethical decisions regarding treatment. "No Fee" means at this time that the Department of Health and Board of Dentistry has decided not to charge a fee to take the Jurisprudence Assessment/Test. "No Fail" means that although mandatory, no one will fail the Jurisprudence Assessment/Test because they have to answer twenty-five (25) questions correctly. By educating dental professional, the State hopes to minimize the civil liabilities and/or discipline from the dental licensing board.

Learning Objectives for Dental Professionals:

a.   A better understanding and interpretation of the rules and statutes that govern the practice of dentistry in Tennessee.
b.   Familiarity with the scope of practice in all areas of the dental professional team.
c.   Promotion of ethical conduct and professional responsibility in dentistry.
d.   Ethical behavior and competency in the decision making process regarding patient care.
e.   Knowledge of the regulated areas of practice and the possible consequences for violation of any provision of the Tennessee Dental Practice or the rules that promulgated pursuant thereto.

Scope of Service/ Project Sought Requirements:

Write a secure computer program for the Jurisprudence test that will interface with the Versa computer licensure system as described below

Provide a secure site where licensees and registrants (hereinafter referred to as "licensees") can log into an account with a user name and password to take the jurisprudence test. Upon successful completion of the test, this secure site would need to interface with either the initial application or renewal application checklist, whichever is applicable, in the Tennessee Department of Health's Versa/LARS site to show that the requirement has been met for license renewal or initial licensure application. This program needs to have the capability of allowing the licensee to input and store their continuing education information and allow the Board access to this file for purposes of auditing their CE's.

The test is a collection of questions from Licensee's category (Dentist, Hygienist, Assistant). Their pre-lettering and License number (or file number for initial licensees) will link them to their category test.
        Example:
        #D-1234 will link them to the *dental* questions.
        #DH-1234 will link them to the *dental hygiene* questions.
        #DA-1234 will link them to the *dental assistant* questions.
Also, the bank of *general core questions* will be incorporated randomly into all categories. Initial license applicants may use "ID", "IDH", and "IDA" prior to their file number (not yet licensed) to differentiate them from renewals but the questions will be the same for their category.

Licensee will be able to log in and out of the test twenty-four hours per day/seven days a week (24/7) until it is completed. There should be no time limit to complete the test as long as it is completed before their license renewal date or initial license approval. A confirmation of

successful completion of the test (possibly a confirmation number that will show the requirement has been met) should be securely carried over to the Versa/LARS licensing program where they could continue with their license renewal.

Prior to taking the test, have check boxes to verify under penalty that the licensee is in fact the one taking the test. The test should also include a statement that it is open book, no fee, no fail, no time limit and licensees are encouraged to use the statutes, rules and any other resources necessary to take the test. A link should be provided to the statutes and rules of the Board of Dentistry.

The licensee must answer approximately twenty-five (25) questions (from licensee's category and core questions) <u>correctly</u> in order to complete test before initial licensure and/or renewal. Example: Licensees may need to answer forty-five (45) questions before getting twenty-five (25) correct. The program needs to have the capability to add/delete/change the questions and to change the number of questions required for completion.

Questions should come up in random order (for their category & general core) so that no two tests will be the same.

If all questions in their category and general core are answered without getting twenty-five (25) correct, the incorrectly answered questions should come up again in a random order.

Open test questions to licensee's (undeterred time, possibly six (6) months) prior to license renewal date (initial licensure days may be different).

Link each question to the statutes and rules, so when changes are made to the statues and rules, the questions (from the test) that are related to these changes can be easily found and updated by the board. The program <u>must</u> provide the ability to add/delete or change questions.

Incorrectly answered questions will show the correct answer and where to find it in the statutes, rules or policies. Example: 0460-.02-.07 or 63-5-115.

Lock licensee's renewal or initial application approval until this test has been successfully completed.

This test site will not be limited to re-licensure but will also be used for initial licensure, reactivation and reinstatement of licensees, and Dental Board order compliance for licensees (undetermined number of questions from the above mentioned category/general core questions).

The program needs to track and detect questions that need to be rewritten or deleted. Track test validity, efficiency and reliability. Example: How many questions were answered by each category (dentist, dental hygienist and assistant) in order to get the desired number (possibly twenty-five (25)) of questions correct? Which questions were most often missed?' The average time it took for each category to take the test? etc.

Post-test survey – Have evaluation questions for licensees to answer. This will help with future changes that will make the test better (validity) in the future. Example: Was this test valuable to your field of dentistry? Did you gain information that is useful in your profession? Did you acquire knowledge that will help you make ethical decisions in your scope of practice?

Program must be written so in the future each Tennessee Health Related Board may easily adapt it for their Jurisprudence and Licensure needs.

3. **COMMUNICATIONS:**

3.1.   Please submit your response to this RFI to:

Melissa Painter, Competitive Procurement Coordinator
Department of Health
Service Procurement Office
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
615-741-0285
Melissa.Painter@tn.gov

3.2.   Please feel free to contact the Department of Health with any questions regarding this RFI. The main point of contact will be:

Melissa Painter, Competitive Procurement Coordinator
Department of Health
Service Procurement Office
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
615-741-0285
Melissa.Painter@tn.gov

3.3.   Please reference RFI # 34310-24216 with all communications to this RFI.

4. **RFI SCHEDULE OF EVENTS:**

	EVENT	TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		December 4, 2015
2.	Written "Questions & Comments" Deadline	2:00 p.m.	December 9, 2015
3.	State Response to Written "Questions & Comments"		December 14, 2015
4.	RFI Response Deadline		December 21, 2015

5. **GENERAL INFORMATION:**

5.1.   Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will <u>not</u> create any contract rights. Responses to this RFI will become property of the State.

5.2.   The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3.   The State will <u>not</u> pay for any costs associated with responding to this RFI.

6.   INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

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TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:
2. RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3. BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS
4. Would you be available to start on this project immediately? Or when will you be able to start this project?
5. How long would it take to complete this program?
6. What is your experience with Versa or similar licensure databases?
7. What type of support assistance (trouble shooting) do you provide?
8. Please provide a description of the solution you would offer the State to accomplish the goals stated earlier in this document.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.:
2. Describe the typical price range for similar services or goods

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: